

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 583024

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		(1)				
10		(1)				
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31		(1)				
32		(1)				
33		(1)				
34		(1)				
35	1		1			
36		1				
37		2				
38		(1)				
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	48	←	38	←		←
TOTAL CLAIMS	43		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						